Allergy Safety Policy

2026-27

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1. INTRODUCTION

We are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. In line with Benedict's law, we recognise the serious and potentially life-threatening risk posed by anaphylaxis; this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

This policy applies to all staff, pupils, parents, and visitors to the school and should be read alongside these other policies:

- Supporting children with medical conditions policy
- Child protection and safeguarding policy
- Health & Safety Policy
- First Aid Policy

2. STATEMENT OF INTENT

GLF Schools takes a whole-school approach to managing allergies, ensuring that all staff and pupils are aware of the impact of allergies, the importance of avoiding allergens, how to recognise the signs and symptoms of an allergic reaction, and the procedures for responding effectively. Measures are implemented across the school to minimise the risk of allergen exposure and support the safety and wellbeing of individuals with allergies.

3. DEFINITIONS

Adrenaline Auto-Injector (AAI) or EpiPen	Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Auto-Injectors or AAIs.
Allergy	Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens, and airborne allergens.
Allergy Action Plan	Allergy Action Plans are medical documents designed to facilitate emergency response to reactions including anaphylaxis, by people without any special medical training or equipment other than access to an adrenaline device (e.g. adrenaline autoinjector "pen"). The relevant healthcare professional is responsible for determining the content of each child or young person's Allergy Action Plan. Where they have one, Allergy Action Plans should be attached to a child or young person's Individual Healthcare Plan. Action Plans are reviewed and updated by healthcare professionals at regular intervals. Whenever an updated Action Plan becomes

	available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.
Anaphylaxis	Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ('ABC'). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.
Asthma	Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.
Asthma Action Plan	This is a document provided by a healthcare professional, detailing a person's asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms, and when to seek emergency help when they have an asthma attack. Where they have one, a child's Asthma Action Plan should be attached to their Individual Healthcare Plan. Action Plans are reviewed and updated by healthcare professionals at regular intervals. Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.
Designated Allergy Safety Lead	The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents, and staff. This is referred to as the 'named senior leader' in the statutory guidance.
Individual Healthcare Plan (IHP)	A detailed document outlining an individual pupil's medical conditions, history, treatment, risks, and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy that requires active management should have an Individual Healthcare Plan. This must be reviewed at least annually or following any change in the child's medical condition. The IHP should be read in conjunction with their Allergy Action Plan.
Intolerance	Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten.
Risk Assessment	A detailed document outlining an activity, the risks it poses, and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risk assessments for events on and off the school site.
Salbutamol inhalers	A prescription device that delivers a fast-acting medicine that quickly opens airways to make breathing easier
Spacer	A plastic tube or holding chamber that attaches to a metered-dose inhaler to help medication reach the lungs more effectively. Easier for children to use because they remove the need to coordinate pressing the inhaler and breathing in at the same time

"Spare" Adrenaline Devices	Schools are able to purchase spare adrenaline devices. These should be held as a back-up in case pupils' prescribed adrenaline devices are not available. In an emergency situation, they can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.
"Spare" asthma inhalers	Schools are permitted to buy an emergency asthma reliever inhaler (salbutamol inhaler device and spacer) without prescription, for use in emergencies. The inhaler can be used if the child or young person's prescribed inhaler is not available (for example it is broken). Emergency asthma inhalers may **only** be used for a child who has been prescribed a reliever inhaler, but where their own inhaler is not available. Emergency or 'spare' asthma inhalers can only be used where written consent has been obtained from parents/carers.

4. KEY ROLES AND RESPONSIBILITIES

4.1 The Board of Trustees

- Holds legal responsibility for ensuring arrangements are in place to support children with allergies and that these are effectively implemented throughout GLF Schools to comply with the Department for Education statutory guidance on 'Allergy safety in schools'.
- In doing so, the Board of Trustees should ensure that such children can access and enjoy the same opportunities at school as any other child.

4.2 School Standards Board (SSB)

- Holds strategic oversight of the school's compliance with Trust-wide policies, including satisfying itself that appropriate provision is in place to support pupils with allergies in school.
- Provides support and challenge to school leaders with regard to pupil attendance, behaviour, pastoral support for vulnerable children, and pupil and staff wellbeing through half termly meetings with school leaders and school visits. This includes consideration of provision for and the progress of pupils with allergies.

4.3 Executive Headteachers / Headteachers

Are responsible for:

- The overall implementation of the 'Allergy Safety Policy' and procedures in their school/s.
- Ensuring that the implementation of the Allergy Safety Policy does not discriminate on any grounds including but not limited to; ethnicity/national origin, culture, religion, sex, disability, or sexual orientation.
- Ensuring that all children with allergies are supported to enable the fullest participation possible in all aspects of school life.
- Appointing a senior leader as the Designated Allergy Safety Lead, with responsibility for overseeing and ensuring the effective implementation of the Allergy Safety Policy and associated procedures within their school/s.
- Ensuring that the arrangements the school put in place are sufficient to meet their statutory responsibilities and ensure that policies, plans, procedures, and systems are properly and effectively implemented and reviewed.
- Making all staff aware of this policy and ensuring they understand their role in its implementation.

- Ensuring the policy and procedures are readily accessible to parents or carers and school staff.
- Ensuring all staff receive appropriate allergy awareness and emergency response training.
- Promoting a whole-school culture of allergy awareness, inclusion, wellbeing, and the prevention of allergy-related bullying.
- Ensuring appropriate allergy risk assessments and controls are in place for food provision, educational visits, and school activities.
- Overseeing the recording, investigation, and review of allergy-related incidents and near misses through pupil safeguarding (CPOMS) and organisation health and safety systems (OSHENS) and ensuring actions are taken to improve practice.

4.4 The Inclusion Lead / SENCO

With support from the Headteacher, the Inclusion Lead / SENCO is responsible for:

- The development and monitoring of Individual Healthcare Plans (IHPs) for pupils with allergy.
- Ensuring the school works effectively with parents and partner agencies in relation to the implementation of this policy.
- Contacting the school nursing service in the case of any child who has an allergy that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Liaising with parents to review the Individual Healthcare Plan (IHP) information returned by parents through admissions procedures / pack and ensuring necessary consents have been secured.
- Liaising with external agencies such as School Health Nurse Team, parents, and relevant healthcare practitioners (where needed) to develop the IHP.
- Alerting Headteacher and Designated Allergy Safety Lead immediately of support arrangements and adaptations identified through the IHP.
- Ensuring that relevant information relating to pupils with allergies is shared with the school administration team to enable catering teams, MIS records, and other school information systems to be kept accurate, up to date and informed of any necessary arrangements.
- Recording information and meetings in child's IHP folder.
- Supporting the class teacher to make necessary adaptations to ensure the child with allergies is properly supported so that they have full access to education, including school trips and enrichment activities.

4.5 Designated Allergy Safety Lead

In most schools, the Designated Allergy Safety Lead will be the Inclusion Lead/SENCo. However, in schools where an additional 'Allergy Safety Lead' is appointed, with support from the Headteacher (and Inclusion Lead/SENCo), the Allergy Safety Lead is responsible for:

- Leading the implementation and ongoing review of the school's Allergy Safety Policy.

- Ensuring effective systems are in place to identify pupils with allergies and maintain accurate allergy records.
- Overseeing the development, implementation and review of Individual Healthcare Plans (IHPs) for pupils with allergy where required and in collaboration with the SENCO.
- Ensuring all staff receive appropriate allergy awareness and emergency response training.
- Ensuring spare emergency medication, including adrenaline devices are procured and monitoring arrangements for the safe storage, accessibility, and management of prescribed and spare emergency medication.
- Promoting a whole-school culture of allergy awareness, inclusion, wellbeing, and the prevention of allergy-related bullying.
- Ensuring appropriate allergy risk assessments and controls are in place for food provision, educational visits, and school activities.
- Overseeing the recording, investigation, and review of allergy-related incidents and near misses and ensuring actions are taken to improve practice.
- Overseeing systems and arrangements to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point, ensures that information is shared staff and catering teams as soon as possible but within two weeks of the student starting.
- Holding a register of students and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan.
- Ensuring that systems are robust for the identification of students at mealtimes.
- Overseeing the communication and promotion of:
    - The Allergy Safety Policy and the school's allergy management arrangements.
    - Children with allergies recorded on the school allergy register, as appropriate.
    - The importance of reporting and recording incidents and near misses to support continuous improvement and pupil safety.
- Liaising with SSB, parents/carers, catering providers, school leaders, pupils, and external agencies to promote allergy awareness, support the implementation of the Allergy Safety Policy, and ensure appropriate allergy management arrangements are in place across the school.

4.6 Designated Safeguarding Lead (DSL)

- Ensuring CPOMS alerts for allergy incident are acted upon on the same day.
- To follow GLF escalation protocols, alerting RED/Director of Secondary of any near miss or allergic reaction requiring hospitalisation.

4.7 School Office (Administration) Team

With support from the Headteacher and Allergy Safety Lead, the School Office (Administration) Team is responsible for:

- Maintaining administrative processes to collect and record allergy information during the admissions and enrolment process, ensuring that relevant information is shared with

catering teams and other appropriate staff. For pupils joining outside the normal admissions process, ensuring allergy information is communicated as soon as practicable and within two weeks of the pupil starting.

- Supporting the administration and maintenance of allergy-related records, documentation, and medications, including monitoring arrangements, emergency response plans, Individual Healthcare Plans (IHPs), and allergy action plans, as directed by the Headteacher and Allergy Safety Lead.

4.8 All Staff
Responsible for:

- Understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency.
- Supporting the creation of the students IHP.
- Implementing the students IHP.
- Creating an inclusive curriculum.
- Curriculum adaptation to minimise risks.
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events.
- Building proactive relationships with parents/carers.
- Undertaking appropriate allergy awareness and emergency response training to support the safe management of pupils with allergies.
- Reporting near misses and incidents

4.9 Parents and Carers
Responsible for:

- Adhering to this policy.
- Providing school with the information they need to create Individual Healthcare Plans (IHPs).
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school.

5. CULTURE

5.1 Training

The school will maintain a whole-school approach to allergy awareness. Emergency response training will be delivered annually as part of induction training and during the September INSET programme.

All staff who may have responsibility for pupils during the school day, including teaching staff, support staff, catering teams, agency workers, supply staff, peripatetic staff, volunteers, after school club personnel and staff providing wraparound care, will receive appropriate allergy awareness and emergency response training. This does not include contractors carrying out work with no pupil-facing role such as builders, electricians, or other ad hoc maintenance personnel.

First aid training is not sufficient. Specific allergy awareness training is required and should ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Training can be online or face to face.
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease, and food intolerance;
- Understand allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - how to use medication/devices in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college, or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Appropriate arrangements will also be in place to ensure that new members of staff, temporary staff and cover staff are informed of allergy-related risks and procedures relevant to the pupils for whom they are responsible.

GLF Schools will regularly review the effectiveness of its training arrangements. Allergy awareness will also be reinforced throughout the academic year through reminders, briefings and targeted communications linked to school events, educational visits and other activities that may increase exposure risks.

5.2 Information Sharing

GLF Schools will share information relating to allergies in a lawful, proportionate, and respectful manner. Information will be shared with those who require it to keep individuals safe and support their participation in school life, whilst ensuring compliance with data protection requirements. Allergy information will be managed as sensitive personal data, and access will be restricted to those with a legitimate need to know. Appropriate systems and processes will be maintained to ensure that relevant information is available to staff responsible for teaching, supervision, catering, educational visits, and emergency response.

5.3 Wellbeing and Support

GLF Schools recognises that living with an allergy, particularly where there is a risk of anaphylaxis, may have a significant impact on a child's emotional wellbeing and sense of safety. The school is committed to creating an inclusive environment where children and young people with allergies feel safe, supported, and able to participate fully in all aspects of school life.

- Information about allergies will be regularly communicated to pupils, parents/carers, and staff to promote awareness and understanding.
- School activities and events will be planned inclusively to support participation and minimise social isolation.
- Bullying, teasing, discrimination, or stigmatisation related to allergies will not be tolerated and will be addressed through the school's behaviour and anti-bullying procedures.
- Pupils and families will be involved in the development and review of allergy arrangements where appropriate, and support will be provided to aid successful transition into school life.

Age-appropriate awareness of allergies and anaphylaxis will be embedded within school life to foster understanding, empathy, and inclusion.

5.4 Minimising Risk through risk assessment

GLF Schools is committed to reducing the risk of allergic reactions by identifying and managing allergen risks across the school. Allergy considerations will be included in health and safety arrangements, activity planning, and risk assessments.

The generic **Allergy Management Risk Assessment** (refer to Appendix 4) outlines the key hazards, risks, and required control measures. Headteachers should adapt the assessment to reflect their specific arrangements, risks, or control measures within their school.

Senior Leadership Teams and subject leaders can also use this document as an aide-mémoire when developing department specific or activity specific risk assessments, ensuring allergy-related hazards and controls are consistently considered.

6. FOOD PROVISION AND CATERING

The risks associated with food allergies will be managed through appropriate arrangements, supported by the provision of clear and accessible allergen information for food provided by or on behalf of the school.

6.1 Catering Arrangements

Catering arrangements will support safe access to meals for pupils with allergies and will include effective communication between the school, catering providers, pupils and parents or carers.

Information regarding pupils' allergies will be shared securely and appropriately with catering teams so that suitable meal options and safeguards can be put in place.

- Compliance with food allergen legislation and Food Standards Agency requirements will be maintained through appropriate contractual arrangements with catering providers.
- Clear allergen information for food provided on behalf of the school will be available upon request or labelled *(as required by legislation)* for parents/carers and pupils.
- Relevant allergen information relating to pupils will be shared with catering providers in a timely manner to support the safe provision of food.
- Opportunities for parents/carers to discuss allergen-related requirements with the catering provider will be facilitated where appropriate.
- Appropriate processes and systems in Primary Schools will be implemented to identify pupils with allergies at the point of service and to ensure that the correct meal is provided. These processes will incorporate independent verification and will not be reliant on a single point of control.
- Appropriate processes and systems in Secondary Schools will be implemented to identify pupils with allergies at the point of sale and support the student to make safe food choices.
- Food provided within the school environment, including food used for curriculum activities, will be clearly labelled with allergen information, recognising that unlabelled food may present an increased risk of allergen exposure.
- Awareness of the risks associated with food sharing, exchanging food, sharing utensils, and sharing food containers will be promoted amongst pupils as part of allergy safety education.

These procedures will apply to all school-led breakfast, after-school and extended provision. Where provision is delivered by a third-party provider, this policy will be shared and compliance with equivalent allergy management procedures will be required.

Please refer to Appendix 7 & 8 for the caterers Allergen Policy which details specific arrangements for Primary and Secondary schools.

6.1.1 Food From External Sources

Where food is provided from external sources, including packed lunches, PTA events, bake sales, fundraising activities, celebrations, staff and hospitality events, reasonable steps will be taken to minimise allergen risks and promote awareness of allergy safety requirements.

- Awareness of the risks associated with food sharing, exchanging food, and sharing utensils or food containers will be promoted amongst pupils as part of allergy safety education.
- Where food is provided from external sources, the provision of clear allergen and ingredient information will be encouraged wherever reasonably practicable, recognising that unlabelled food may present an increased risk of allergen exposure.
- Where food is brought into school for celebrations, treats or other events, advance communication with parents/carers may be encouraged, where appropriate, to support inclusion and help minimise risks for pupils with allergies.
- As a matter of good practice, consideration of Food Standards Agency guidance on allergen information and food labelling, including the use of allergen information lists or matrices where appropriate, will be encouraged for PTA and other community-led food events.

- Relevant allergen awareness guidance and training resources, including those provided by the Food Standards Agency, will be signposted to individuals involved in the preparation, handling or serving of food at PTA and community-led events.

7. INDIVIDUAL CHILDREN AND YOUNG PEOPLE

7.1 Identification of Individuals with Allergies

Arrangements for the identification of individuals with allergies, and for the recording of relevant information, will be established and maintained to support their safety and wellbeing.

Admissions data collection: Information regarding known allergies, dietary requirements and treatment histories will be collected from parents/carers as part of the pre-admission process through admission documentation, Individual Healthcare Plans (IHPs) where required, and any catering or medical information forms necessary to support the safe management of allergies.

Information sharing: UK GDPR does not prevent the sharing of a student's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy.

Transition: Allergy information and existing care plans will be shared as part of transition arrangements where relevant. Allergy information will be requested from the previous school or setting, and existing arrangements will be reviewed to determine whether they are appropriate for implementation within the school. A new Individual Healthcare Plan (IHP) will be developed in partnership with parents/carers and, where appropriate, the pupil. Relevant information will also be shared to support transition visits and other transition activities in advance of a formal move.

Staff: Information relating to allergies may be collected through pre-employment questionnaires and other relevant health declarations. Where an allergy is disclosed, appropriate discussions will be undertaken and reasonable adjustments or support arrangements will be considered, where necessary, to promote a safe working environment.

Visitors and regular volunteers: Where food-related activities are planned, information regarding relevant allergies may be requested from visitors and regular volunteers in advance. Where an allergy is disclosed, appropriate arrangements will be considered and relevant information communicated, where necessary, to reduce the risk of allergen exposure and support a safe environment.

Individual Healthcare Plans (IHP's) and Allergy Action Plans

An Individual Healthcare Plan (IHP) is **not** a clinical document. It is a description of the arrangements the school will make to support the safe inclusion of a pupil with allergies in all aspects of school life, drawing on any advice shared by healthcare providers. Schools 'hold the pen' on IHPs because schools are responsible for making arrangements to support children with medical conditions, including allergy, while they are in education.

The IHP sets out the specific control measures, risk-reduction arrangements, and support required to meet the pupil's needs in the own school. The requirement for an IHP will be considered based on the pupil's individual needs and the level of support required to ensure their safe and full participation in school life.

- An Individual Healthcare Plan (IHP) will be developed where a pupil's allergy has a functional impact on their participation in school life, where there is a risk of harm arising from the allergy, and where arrangements are required that are additional to or different from those ordinarily provided.
- An IHP will be considered for pupils whose allergies require ongoing management, supervision, flexibility in school arrangements, or the administration of medication, whether as part of routine management or in an emergency situation.
- The specific support arrangements, reasonable adjustments, risk-control measures, and emergency procedures required to support the pupil's safety, wellbeing and inclusion will be documented within the IHP.
- Children and young people who have a **known** allergy to food or insect stings should be issued with an **Allergy Action Plan** by their healthcare professional. Allergy Action Plans are medical documents designed to facilitate emergency response to reactions including anaphylaxis Where an Allergy Action Plan and/or **Asthma Action Plan** has been provided by a healthcare professional, the plan will be referenced within, or attached to, the IHP.
- Where an updated Allergy Action Plan and/or Asthma Action Plan is received, the IHP will be reviewed and updated as necessary to reflect the revised information and arrangements.
- IHPs should be reviewed at least annually as a separate stand-alone obligation or following any changes to the child's allergy.
- Where allergy-related needs have been identified but a formal diagnosis is pending, consideration will be given to the implementation of an interim IHP where additional arrangements are required to support the pupil's safety and wellbeing.
- IHPs will be developed in partnership with the school, parents/carers and, where appropriate, the pupil.
- Relevant advice received from healthcare professionals will be incorporated into the IHP. Where such advice is not available, guidance and support may be sought from appropriate health services, including school nursing teams, where required.
- Where a pupil has an allergy action plan and/or asthma action plan, these documents will be retained alongside, and referenced within, the IHP.
- Copies of IHPs, Allergy Action Plans and Asthma Action Plans will be saved on the pupil's 'Student Profile' in Bromcom, the schools Management Information System.
- Schools will typically maintain a single Individual Healthcare Plan (IHP) for each pupil. Where a pupil has an allergy requiring active management in school, allergy arrangements should be incorporated within the IHP and supported by an Allergy Action Plan provided by the child's healthcare professional. Separate healthcare plans for different medical conditions should be avoided unless there is a clear operational reason for doing so.

8. MEDICATION, ADRENALINE DEVICES AND SALBUTAMOL (ASTHMA) INHALERS

8.1 Prescribed adrenaline devices

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Clinical advice recommends that people at risk of anaphylaxis carry two devices with them at all times, regardless of the type of device, since two doses of adrenaline may be

required. Information regarding pupils who have been prescribed adrenaline devices, together with their Allergy Action Plans and Individual Healthcare Plans (IHPs), will be recorded and maintained within the school's allergy management arrangements.

Arrangements will be implemented to ensure that pupils prescribed adrenaline devices, including Adrenaline Auto-Injectors (AAIs) and non-injectable nasal adrenaline devices, have prompt access to their medication whenever and wherever it may be required.

- Pupils prescribed adrenaline devices will be encouraged, where appropriate, to carry their devices with them throughout the school day, including during journeys to and from school.
- Where a pupil is unable to carry their prescribed adrenaline devices due to their age, level of understanding or other individual considerations, the devices will be stored in a designated location that is unlocked, clearly identifiable and accessible at all times. A copy of the pupil's Allergy Action Plan will be retained with, or made readily available alongside, their prescribed medication to support an effective emergency response.
- Access to prescribed adrenaline devices will be maintained throughout the school day, including within classrooms, dining areas, playgrounds, sports facilities, educational visits, extracurricular activities, and wraparound care provision.
- Parents/carers will be expected to provide prescribed adrenaline devices and to ensure that in-date medication is available. Arrangements for the routine checking, replacement and return of medication will be communicated to parents/carers.
- A stock supply of spare adrenaline auto-injectors will be maintained in accordance with relevant legislation and national guidance and may be used in an emergency.
- Where a pupil's prescribed adrenaline device is unavailable, inaccessible, damaged, has misfired, or where a second dose of adrenaline is required, a spare adrenaline auto-injector may be administered in accordance with national guidance and emergency procedures.
- Where a pupil has been prescribed a non-injectable nasal adrenaline device and the prescribed device is unavailable during an emergency, a spare adrenaline auto-injector may be administered where appropriate and in accordance with national guidance and emergency procedures.
- Recognition will be given to the fact that anaphylaxis is a time-critical medical emergency. Arrangements will therefore be maintained to ensure that adrenaline can be administered without delay and, in practice, within five minutes wherever anaphylaxis is suspected. Where prescribed adrenaline devices are unavailable, inaccessible, or ineffective, spare adrenaline auto-injectors will be used.
- Increasing responsibility for carrying and managing prescribed adrenaline devices may be supported where appropriate; however, arrangements will remain in place to ensure that emergency treatment can be administered promptly should a pupil be unable to self-administer.
- The return of prescribed adrenaline devices to pupils at the end of the school day and/or outdated medication, where they do not routinely carry them, will be supported through locally agreed procedures to ensure that medication remains available during journeys to and from school.

- Records of pupils prescribed adrenaline devices, together with details of associated Allergy Action Plans and IHPs, will be maintained and reviewed regularly to ensure that information remains accurate and up to date.

8.2 Spare adrenaline devices (AAIs) held by school

The Human Medicines (Amendment) Regulations 2017 permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

GLF Schools holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Children and young people at risk of anaphylaxis should have their prescribed AAIs with them at school for use in an emergency and should have access to both of their prescribed AAIs at all times.

- Storage and access arrangements for prescribed and spare adrenaline devices will be designed to ensure that no pupil at risk of anaphylaxis is more than five minutes from emergency adrenaline at any time during the school day.
- Spare adrenaline devices will be stored in pairs to ensure that a second dose is immediately available should it be required.
- Spare adrenaline auto-injectors will be located in clearly identified, unlocked and readily accessible locations, with additional emergency medication points established where necessary to ensure timely access across the school site.
- Where the school operates across multiple buildings or sites, appropriate supplies of spare adrenaline auto-injectors will be maintained at each location to ensure rapid access to emergency medication.
- The location and quantity of spare adrenaline devices will be reviewed periodically, taking account of the size, layout, and use of the school site, to ensure that emergency medication can be brought to and administered to an individual experiencing anaphylaxis within five minutes.
- Location of spare adrenaline devices in each school will be displayed prominently on school site. KITT Medical devices are provided with a backboard and sticker detailing the location of spare AAIs's. Other spare AAIs are stored adjacent to clear signage indicating spare AAIs. The signage is 'permanent' or contained/protected in a clip frame or similar (no A4 paper signs) and should have the green and white universal colour that indicates safe conditions, first aid etc (please note Kitt Medical Devices have orange and white colour).
- Adrenaline devices will be stored, monitored and maintained in accordance with manufacturer instructions. Procedures will be established to support the monitoring of expiry dates and the replacement of devices before they expire.
- Note: The Human Medicines (Amendment) Regulations 2017 does not require consent to have been obtained for 'spare' adrenaline devices to be used in an emergency. In an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.
- The Allergy Safety Lead is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements before the current adrenaline device expires.

- Adrenaline devices that are used will be disposed of appropriately in accordance with waste regulations. Adrenaline devices that are out of date will be returned in accordance with supply agreements.

8.3 Use of adrenaline devices in the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **The administration of adrenaline will not be delayed whilst emergency services are contacted.**
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed AAIs or 'spare' AAIs).
- If the child, young person, or individual **has their own prescribed adrenaline auto-injectors,** these should be used in the first instance.
- If the child, young person, or individual **does not have prescribed adrenaline auto-injectors,** 'spare' adrenaline devices can be used.
- If the child, young person, or individual's **prescribed adrenaline auto-injector devices are not available or misfire**, 'spare' AAIs can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack the situation will be treated as anaphylaxis and adrenaline will be administered first. School staff will take steps to reassure the young person.

8.4 Student self-management of adrenaline auto-injector devices:

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to always carry their own two adrenaline devices on them in a suitable bag/container.

Older students and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff should be prepared to administer medication if th e young person cannot.

8.5 Prescribed salbutamol asthma inhalers

Children with asthma must have prompt access to their prescribed reliever inhaler whenever it may be needed. Immediate access to reliever medication is essential.

Common day-to-day asthma symptoms may include:

- coughing;
- wheezing, including a whistling sound when breathing out;
- shortness of breath, with or without exercise;
- intermittent cough.

Day-to-day asthma symptoms usually improve with the child's prescribed reliever inhaler and rest, for example by stopping exercise. These symptoms would not usually require the child to be sent home or to need urgent medical attention, unless symptoms worsen or do not improve in line with the child's Asthma Action Plan or Individual Healthcare Plan.

Children should be encouraged to carry and manage their own inhaler where this is developmentally appropriate. In most cases, secondary pupils who regularly move between classrooms should be encouraged to carry their own inhaler. In primary schools, staff will usually manage access to inhalers and supervise their use where required.

Where inhalers and spacers are kept by the school, they must be:

- clearly labelled in the original packaging;
- stored securely but remain readily accessible;
- recorded on the asthma register;
- available during PE, breaktimes, lunchtimes, offsite activities and educational visits.

Children should be encouraged to use their own prescribed inhaler when they need it. Where supervision is required, this should be provided by a qualified first aider or a member of staff with appropriate training, as detailed in the child's Individual Healthcare Plan or Asthma Action Plan.

The asthma register must clearly identify:

- pupils with asthma;
- their class or tutor group;
- date of birth;
- prescribed dosage;
- whether parental consent has been given for use of the emergency inhaler;
- any additional information provided by parents/carers or healthcare professionals.

In the event of an asthma attack, the child should not be sent to collect their inhaler. The inhaler and spacer must be taken to the child.

Where a child has been prescribed a preventer inhaler, this will usually be taken at home. Details of the prescription should still be included in the child's Individual Healthcare Plan or Asthma Action Plan so that accurate information can be shared with emergency services if required.

Where a preventer inhaler is kept in school, the plan must set out how parents/carers will confirm whether the morning dose has already been given, to avoid a duplicate dose being administered in error.

8.6 Asthma, exercise and activity, including PE and games

Children with asthma should be supported to participate fully in PE, games and physical activity.

Staff leading PE, games or physical activities must know which children in their group have asthma and must ensure that inhalers are readily available during the activity.

Where exercise is a known trigger, the child may be advised to use their reliever inhaler before exercise. This arrangement must be recorded in the child's Individual Healthcare Plan or Asthma Action Plan.

Children should be supported to:

- have their inhaler available before, during and after physical activity;
- warm up and cool down appropriately;

- use their inhaler during a lesson or activity if needed;
- develop independence in managing their medication, where appropriate.

8.7 Independent travel to and from school

Where pupils travel independently to and from school, for example by walking or travelling by bus, parents/carers are responsible for ensuring that their child carries their inhaler and is confident to use it independently if needed.

Emergency or spare salbutamol inhalers

Schools may keep an emergency salbutamol inhaler for use in emergencies.

The emergency inhaler may only be used for a child who:

- has been diagnosed with asthma and prescribed a reliever inhaler; or
- has been prescribed a reliever inhaler; and
- has written parental consent for use of the emergency inhaler.

The emergency inhaler may be used if the child's own prescribed inhaler is not available, for example because it is broken, empty, out of date or not immediately accessible.

Consent for use of the emergency inhaler must be recorded in the child's Individual Healthcare Plan and may also be recorded in their Asthma Action Plan. Consent should be reviewed regularly and updated when there are changes to the child's condition or medication.

A list of children permitted to use the emergency inhaler must be kept with, or readily available alongside, the emergency inhaler kit.

An emergency asthma inhaler kit should include:

- a salbutamol metered-dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions for using the inhaler and spacer;
- instructions for cleaning and storing the inhaler;
- manufacturer's information;
- a checklist showing the batch number and expiry date of the inhaler;
- a record of monthly checks;
- arrangements for replacing the inhaler and spacers;
- a list of children with consent to use the emergency inhaler;
- a record of administration.

Schools must assess where emergency asthma inhalers are stored to ensure they can be reached quickly in an emergency.

8.8 Storage, checking and cleaning of emergency inhalers and spacers

The Allergy Safety Lead is responsible for ensuring that:

- the emergency inhaler and spacers are present and in working order;
- the inhaler has sufficient doses available;
- expiry dates are checked monthly;
- replacement inhalers are obtained before expiry;
- replacement spacers are available after use;
- monthly checks are recorded.

Emergency inhalers and spacers must be clearly labelled and stored in the agreed location.

The inhaler should be primed when first used, for example by spraying two puffs. It should also be primed regularly in line with the manufacturer's instructions.

To reduce the risk of cross-infection, spacers must not be reused by another child. After use, the spacer should be given to the child to take home for future personal use or disposed of in line with local procedures.

The inhaler itself may usually be reused if it has been used with a spacer and cleaned after use. The canister should be removed, and the plastic housing and cap should be washed in warm running water and left to air dry in a clean, safe place.

If the inhaler has been used without a spacer, it must not be reused and should be disposed of appropriately.

8.9 Recording use of the emergency inhaler and informing parents/carers
Every use of the emergency inhaler must be recorded. The record must include:

- the child's name;
- where and when the symptoms or attack occurred;
- how much medication was given;
- who administered or supervised the medication;
- what follow-up action was taken.

The use of the emergency inhaler must be recorded on CPOMS. Parents/carers must be informed in writing on the same day so that the information can be shared with the child's GP. A copy of the written notification must be saved on CPOMS.

8.10 Staff training in inhaler administration
Designated staff (Paediatric first aiders) should be trained to:

- recognise asthma symptoms and asthma attacks;
- distinguish asthma symptoms from other conditions where possible;
- respond promptly to a request for help;
- recognise when emergency action is required;
- administer salbutamol through a spacer;

- record asthma attacks and use of emergency medication accurately.

8.11 Asthma, allergy and anaphylaxis
Some children with food allergy also have asthma. Wheezing may occur during food-induced anaphylaxis.

If anaphylaxis is suspected, staff must follow the child's Allergy Action Plan and administer adrenaline first. Salbutamol may be given after adrenaline if the child is still wheezing and this is included in the child's Allergy Action Plan or Asthma Action Plan. Administration of adrenaline must not be delayed in order to give salbutamol.

Asthma Action Plans and Allergy Action Plans should be attached to, or referenced within, the child's Individual Healthcare Plan. Whenever an updated Action Plan is received, the Individual Healthcare Plan should be reviewed and updated as necessary.

9. SCHOOL TRIPS AND VISITS

The school is committed to ensuring that pupils with allergies including asthma are able to participate fully in educational visits, sporting events, and extracurricular activities wherever reasonably possible.

- Allergy considerations will form part of the planning and risk assessment process for all off-site activities and appropriate control measures will be implemented to reduce risk while supporting participation.
- These arrangements will include consideration of emergency medication, food provision, transport arrangements, venue-specific risks, and access to emergency medical assistance.
- The Education Visits Coordinator, Allergy Safety Lead, and staff responsible for visits will ensure that relevant allergy information is available, emergency medication is accessible and suitable arrangements are in place to support safe participation throughout the activity.
- Staff leading school trips will ensure they carry all relevant emergency supplies.
- Schools may wish to consider whether it may be appropriate, under some circumstances, to take 'spare' adrenaline devices in case of emergency use on some trips. However, this should not cause a lack of 'spare' adrenaline devices on school/college premises.
- Trip leaders will check that all students have their medication including adrenaline devices with them before departure.
- Students unable to produce their required medication will not be able to attend the excursion.
- Staff leading the activity must ensure that medication is returned to the agreed storage location when the child returns to school.
- In conjunction with the designated Allergy Safety Lead, the Trip Leader and Educational Visits Coordinator will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. As part of the risk assessments, for educational visits involving travel to a country where a foreign language is spoken, students

with allergies should consider whether an allergy awareness card translated into the language of the destination country is appropriate. The card should clearly state the student's name and details of their allergies.

10. SERIOUS INCIDENTS AND 'NEAR MISSES'

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A **"near miss"** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Allergy-related incidents and near misses provide an important opportunity to review existing arrangements, identify lessons learned and strengthen measures designed to reduce the risk of future occurrences. While the "near miss" may not have led to harm on this occasion, they are a warning that, if circumstances had been different, serious harm could have occurred.

- Serious or potentially serious accidents, incidents and near misses should be reported on OSHENS and recorded on the child or young person's CPOMs record under *Medical as an *Allergy Incident.
- A proportionate and learning-focused approach will be adopted to support the identification of lessons learned and opportunities to strengthen preventative measures.
- Where appropriate, affected individuals and their parents/carers will be involved in the review of incidents and near misses.
- The findings of investigations will be used to inform any necessary revisions to risk assessments, procedures, training arrangements, control measures, and Individual Healthcare Plans (IHPs).
- Serious incidents and near misses will be reviewed in a 'no blame' culture to promote continuous improvement and allergy safety across the school.
- Lessons learnt from investigations will be shared and incorporated into IHPs, Allergy Safety Policy & Procedures and Risk Assessments, as appropriate.
- Non-serious incidents are recorded in line with the school's accident reporting protocols.

11. UNACCEPTABLE PRACTICE

Examples of unacceptable practice include (but are not limited to):

- Preventing a child or young person from easily accessing their emergency medication (for example prescribed adrenaline devices);
- Ignoring medical evidence or opinion and advice of healthcare professionals and the views of the child or young person or their parents or carer;
- Assuming that every child or young person with allergies requires the same support;

- Assuming that older children and young people do not require support;
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;
- Discriminating against children or young people by sending them home frequently for reasons associated with their allergy or prevent them from staying for normal school activities or extracurricular activities, including lunch;
- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an anaphylaxis emergency, help must come to the child or young person rather than the other way round;
- Penalising children or young people for their attendance record if their absences are related to their allergies;
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child;
- Preventing children and young people from participating, in any aspect of school, including external visits and trips, e.g. by requiring parents to accompany the child

12. POLICY PUBLICATION, REVIEW AND AWARENESS

This policy will be made readily accessible to staff, pupils, parents/carers, and other relevant stakeholders. It will be published on the school website, reviewed at least annually, and updated more frequently where required in response to local incidents, lessons learned, changes in practice or revisions to statutory guidance. Alternative formats will be made available upon request.

Awareness of the policy will be promoted through staff training, induction arrangements, and routine communications. Age-appropriate opportunities will be provided to support pupils' understanding of allergy safety, helping to foster a culture of inclusion, awareness, respect, and shared responsibility across the school community.

13. FURTHER READING

Allergy Safety:

https://www.anaphylaxis.org.uk/education

https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

https://www.sparepensinschools.uk

Benedict's law:

https://benedictblythe.com/benedicts-law

https://www.anaphylaxis.org.uk/education/benedicts-law

Food: Allergy Guidance for Schools:

https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

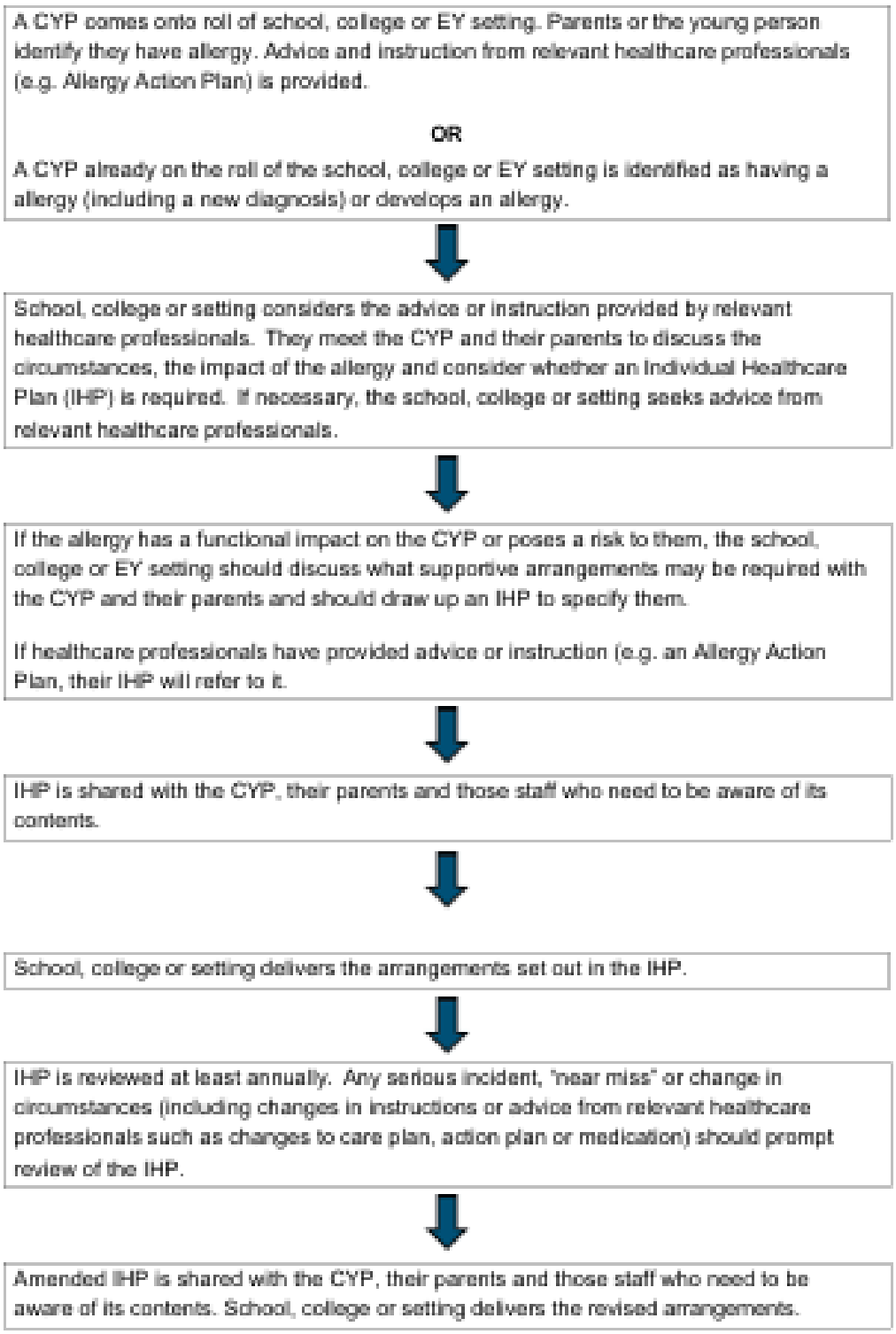
Safeguarding:

Working together to safeguard children - GOV.UK

Keeping children safe in education - GOV.UK

APPENDICES

APPENDIX 1: Flowchart for IHPs



Source: DfE Allergy safety in schools statutory guidance (2026, p.56)

APPENDIX 2: Managing "spare" adrenaline devices (AAIs)

Schools can purchase AAIs (but not non-injectable adrenaline devices (nasal spray) from a pharmaceutical supplier, such as a local pharmacy, without a prescription. A supplier will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating the name of the school for which the product is required, the total quantity needed and confirming that the purpose for which the supply is being requested is that of supplying or administering the relevant medicinal product to pupils at the school in an emergency. A template letter which can be used for this purpose can be downloaded at Spare Pens in Schools.

Guidance in terms of how many AAIs (and which doses) should be purchased can be found in 'Using emergency adrenaline auto-injectors in schools' published by DHSC. When considering this, schools should keep in mind that:

• Schools will need to stock "spare" AAIs of the correct dosage for their pupils.

• "Spare" AAIs should always be stocked and stored in pairs.

• In the event of an anaphylaxis reaction, adrenaline should be brought to the child or young person and administered within five minutes, i.e. adrenaline 39 devices should be no more than five minutes away from wherever they might be needed.

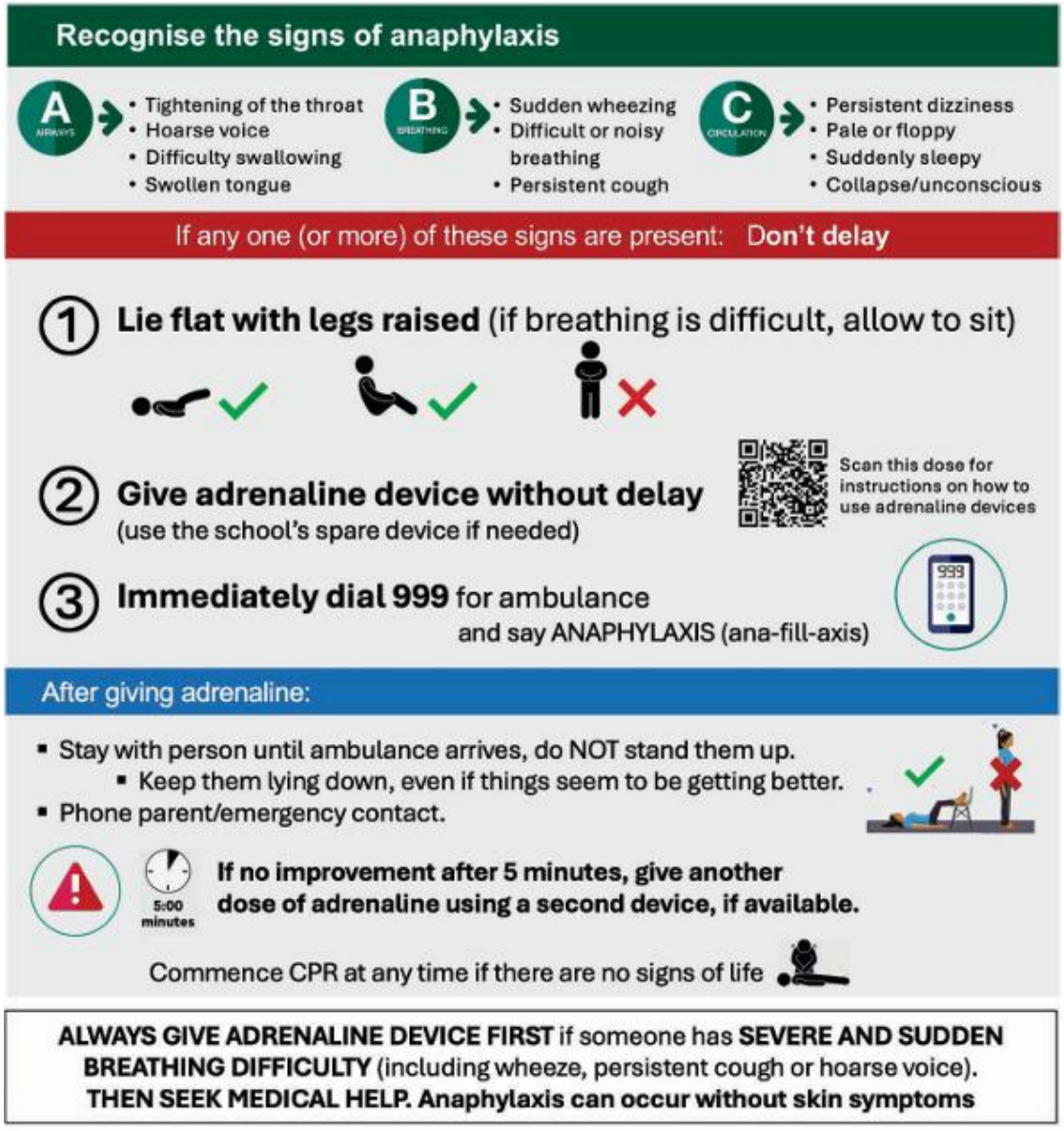
This means that most schools will need to obtain two pairs of "spare" AAIs:

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

* Secondary schools with large sites should consider having two pairs of "spare" AAIs, so that a pair of "spare" AAIs are available within five minutes of wherever they may be needed.

Where schools operate across more than one site, they should ensure there are spare AAIs of the appropriate dosage on each site as required.

APPENDIX 3: Recognising the signs of anaphylaxis poster



APPENDIX 4: How to recognise an asthma attack

The signs of an asthma attack are:

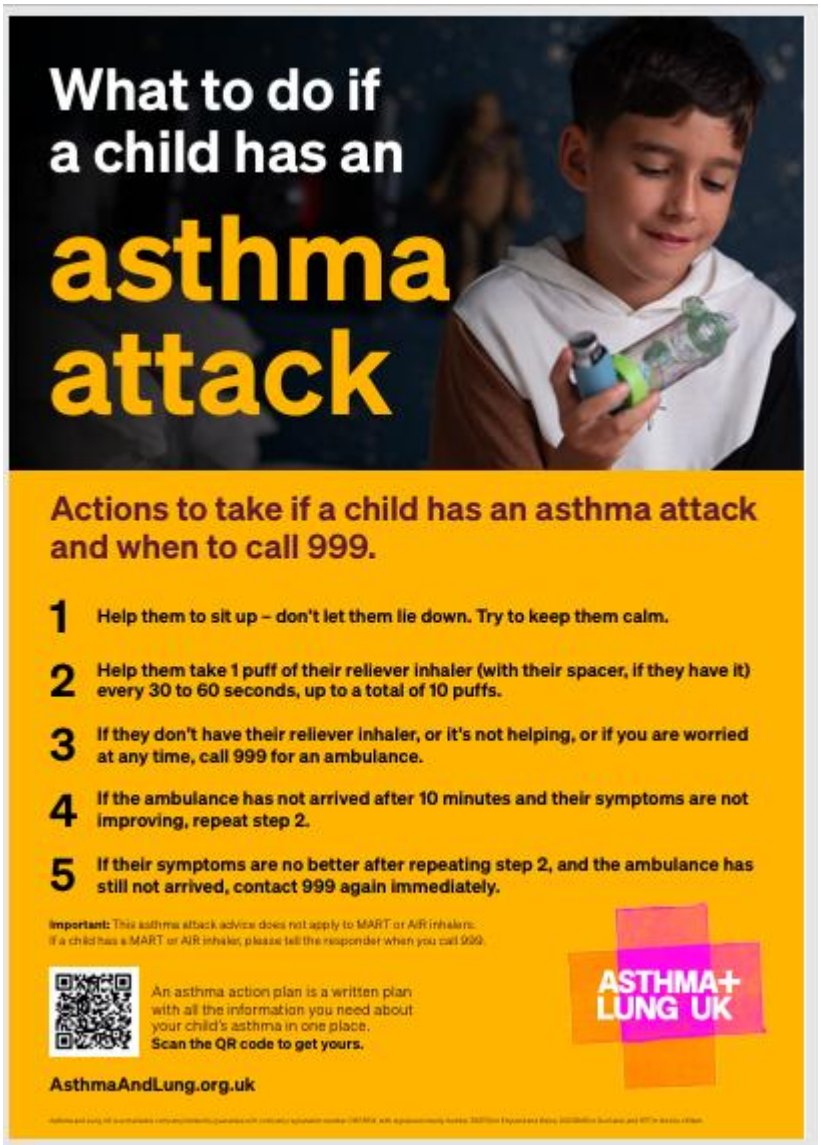
- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Call an ambulance **IMMEDIATELY** and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

The child's parents or carers should be contacted after the ambulance has been called. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

APPENDIX 5: What to do if a child has an asthma attack



Children-with-asthma-poster-English-A4.pdf

APPENDIX 6: Risk assessment template (generic)

School Allergy Management Risk Assessment

*This is a **generic risk assessment** and requires adaptation and expansion to reflect specific local circumstances. Refer to the school's Allergy Policy.*
If you have any queries or concerns, speak with your school's Allergy Lead or Headteacher.

Further information: https://benedictblythe.com/benedicts-law/; https://allergyschool.org.uk/benedicts-law-explained/; https://www.allergyuk.org/; https://www.anaphylaxis.org.uk/; DfE Allergy Safety in Schools

Assessment carried out by: Name(s) and job role(s)		School name	
Date of assessment		Date of next review	
Manager's approval		Date of approval	

Hazard	Who might be harmed and how?	Existing Controls	Additional actions required to reduce the risk further (see action plan below)	Risk Level (H, M, L)	Action by whom/when?	Done date
Animals in School:						
Therapy dogs and other animals	Pupils and staff with pet allergies could become ill when therapy	• Allergies are considered before introducing dogs and other pets into school including visiting animals or visits to		L		

	dogs are brought into school	animal sites such as farm animals • Parent / carer permission is sought • A specific risk assessment is completed prior to introducing animals on site, using the template in 'Animals in Schools' policy				
Curriculum:						
Break time / playtime and peripheral activities e.g. Forest School	Those with severe allergies could be at risk if emergency medication isn't with the child or spares are not within a 5-minute distance	• Those who require emergency medication i.e. adrenaline auto-injectors, carry it with them at all times, inc. a spare. Additional spares are stored within a 5-minute distance • All staff including supervisors, wrap around care, after school clubs, Forest School, PE staff and others in regular contact with students are trained in allergy and anaphylaxis procedures • Staff who accompany away sporting fixtures are trained in allergy procedures		L		
Creative activities e.g. salt dough modelling	Pupils and adults with severe allergies could be at risk from	• Clear communication to parents to ensure packaging is not brought into school that previously contained allergens such as crunchy nut cornflakes		L		

	food packaging and products used for creative activities	for a classroom with a pupil who has a peanut allergy • Staff monitor ingredients of practical activities and any donated packaging • Plastic containers are washed in hot soapy water before use				
Cooking / Food Tec	Pupils, staff and others with allergies are at risk if food, particularly food allergens are not properly managed	• Allergy management is included in the Food Tec curriculum, so students are aware of risk, including cross contamination • Recipes are adapted for safety and inclusion, or if can't be adapted; changed • Students with allergies use their own set of utensils if possible • Students are made aware of those with allergies and their impact their actions could have		L		
Musical instruments	Pupils with severe allergies who share instruments could be at risk of cross contamination	• Pupils with severe allergies only share instruments after consultation with parents and medical advice, particularly blowing percussion instruments. Where identified and where risk assessment dictates, students may have to have their own instrument	Consult with parents and risk assess use of musical instruments before playing any (if this is already in place transfer this control in the left column) and change the risk level from M to L	M		

		• Instruments are regularly cleaned and wiped down prior to and after use				
PE	Pupils with severe allergies could be at risk whilst exercising which can be a trigger for allergic reactions	• Those with allergies have their emergency medication with them during exercise and spares no further than 5 mins away • There are allergy trained staff present during after school clubs • There is an allergy trained member of staff accompanying away sporting fixtures	PE staff must know where emergency medication is kept during PE activities, both internal and external	L		
Science activities	Pupils and staff with allergies could be at risk if allergens are used in practical lessons	• Where there are allergens in practical lessons, alternatives are used and risk assessments such as CLEAPSS model RAs are amended to reflect adaptations • If an activity is essential, the activity is individually risk assessed for the individual student	Review the science curriculum to identify any allergens used and potential for cross contamination	L		
Communication:						
Risk assessments	Pupils, staff and others could be at risk if risk assessments are not updated to identify hazards and	All staff with risk assessment responsibilities have reviewed their department risk assessments to incorporate the new Allergy Policy requirements	Confirm all relevant risk assessments have been reviewed to include allergy requirements	L		

	risks and reflect the new allergy policy requirements					
Agency and temp staff	Pupils, staff and others could be at risk if temporary staff are not updated with allergy policy requirements	Agency, regular contractors such as catering and other temporary staff are made aware of pupils with severe allergies and the procedures to follow as part of their induction		L		
Hygiene	Pupils and staff with severe allergies are at a higher risk without daily hygiene	Staff continually remind pupils to wash hands regularly thereby removing exposure to allergens		L		
Catering and Food:						
Catering	Pupils, staff and others with severe allergies are at risk if food and cross contamination is not appropriately managed	• Catering contractor's food allergy system for Primary School 'SchoolGrid' presents 'allergen-free' menus to those with allergies • Allergen information is available to parents and pupils • Parents, pupils and staff regularly reminded of the risks associated with sharing food, containers and unlabeled food		L		

		• All lunchtime and wrap around care staff are familiar with allergy policy and with those who have allergies				
Cakes / Treats & Events	Pupils, staff, visitors with allergies are at risk if the contents of food and products are unknown	• Celebratory cakes and sweets are discouraged day to day. Exceptions are discussed with parents at the earliest opportunity to plan for a safe and inclusive event • Clear allergen and ingredient information provided for PTA and community-led food events considered by completing GLF events planner and risk assessment		L		
Medication:						
Storage of emergency medication	Pupils and staff with severe allergies could be at serious risk if their emergency medication is not with them at all times and spare medication is not within a 5-minute distance	• Wherever possible pupils (and staff) who require emergency AAI's keep them on their person around school and 'spares' are located within a 5 min distance • Arrangements are in place for those pupils who are unable to carry their own AAI's by ensuring their medication 'follows' them around school. Staff are appointed to ensure their AAI's are within reach throughout the school day • Arrangements for the carrying and storing of emergency	Ensure signs are displayed showing the location of emergency medication (AAI's / EpiPens)	L		

		medication is documented in the pupils' Individual Health Care Plan (IHP)				
Offsite Visits:						
Offsite trips	Pupils, staff and volunteers with severe allergies could be at risk when on offsite trips	• An 'Assessment of Need' is carried out for every trip to ensure appropriate medication is taken on the trip • Allergy trained staff accompany the trip • Allergy arrangements are included in the offsite trip risk assessment including emergency procedures • IHPs are taken on the trip • Food requirements checked with venues ahead of visits		L		
DofE and residential trips	Pupils, staff and volunteers with severe allergies could be at risk when isolated from a group and responsible adults	• AAI is storage considered, especially overnight • Emergency plans are arranged with consideration to contacting emergency services from remote locations • Instruction given as to what food pupils, staff and volunteers can bring • Cross contamination considered		L		

		• Other students briefed to understand signs, symptoms of allergy, how to call for help. Consideration as to whether training is required to administer an AAI if necessary				
Training:						
All staff training	Young or vulnerable pupils, staff and others with severe allergies could be at risk if staff are untrained in allergy management and the administering of emergency medication	• All staff are trained in allergy awareness and emergency response, including temporary staff, supply teachers, wraparound care staff, peripatetic staff, agency workers and regular contractors and volunteers • Training is updated annually • There will always be a member of staff available to administer an AAI throughout the school day. This includes school trips • Regular reminders to all that schools are not 'nut-free' but are 'allergy-aware' or 'nut-aware'		L		
Visitors:						
Visitors and supply staff	Pupils, staff and others with severe allergies could be put at risk	• The allergy policy and allergy-aware messages are displayed on the school's website • Temporary staff are notified of allergy policy and individual	Measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting. •	L		

	by visitors unknowingly introducing risks to the school	student allergies that may affect them • Measures are in place to ensure people are not exposed to food allergens through food brought in by visitors or others, including for events such as cake sales or celebratory confectionary • Measures are in place to ensure visitors and others are not exposed to food allergens provided by the school	Measures to manage the risks of exposure to a food allergen through food brought in by others (for example parents, children and young people or staff).			

To assist with the prioritising of suggested areas for improvement, the following High / Medium / Low risk rating is used:
Low = aimed at other issues where failure to do so is not critical (complete within 3 months)
Medium = aimed at meeting good practice to reduce injury or enforcement (complete within 1 month)
High = aimed at reducing significant harm or formal enforcement action (complete within 1 week)

ACTION PLAN (Additional actions required to reduce the risk further)				
Hazards & Risks	Recommended Actions	Target Date	Completed by	Date Completed

APPENDIX 7: Allergen Management - Food catering provision Allergy Policy

Aspens Allergen Policy

APPENDIX 8: Allergen Management - Allergen Process flow chart

